

# SAMPLE NOTIFICATION LETTER FOR APPROVAL/DENIAL OF FREE AND REDUCED-PRICE MEALS

Dear \_\_\_\_\_ :

Date: \_\_\_\_\_

Your application for free and reduced-price meals for \_\_\_\_\_ is:  
(Name of Student)

☐ **APPROVED** for free meals.

☐ **APPROVED** for reduced-price meals at \$\_\_\_\_\_ for lunch and \$\_\_\_\_\_ for breakfast.

☐ **DENIED** at this time for the following reason(s):

\_\_\_ Total household income is more than the allowable amount for free or reduced-price meals.

\_\_\_ Your application is incomplete. The following information must be provided:

\_\_\_ Other: \_\_\_\_\_

☐ The above **APPROVAL IS TEMPORARY**, until \_\_\_\_\_ (specify date, not to exceed 45 calendar days after the date of eligibility determination, without recertifying the application). Ten days before the expiration date above, school officials will send you another application to complete and return. Upon receipt of the new application, the school will reconsider your eligibility.

Your child's eligibility was based on your household reporting monthly income of \$\_\_\_\_\_ and \_\_\_\_\_ number of household members.

If you do not agree with this decision, you may discuss it informally with [insert name and phone number of school official(s)]. You also have the right to request a hearing to appeal this decision. If your appeal is filed within ten days after the date of this letter, benefits will continue until the appeal is settled. To request a formal appeal hearing, write or call the person listed below:

Name:

Agency:

Address:

Phone: (     )

If your child is approved above for free or reduced-price meal benefits, you must tell the school if/when your household income goes up by more than \$50 per month (\$600 per year), or if/when your household size goes down. Also, if you listed Food Stamp (FS), CalWORKs, KinGAP, or FDPIR benefits, you must tell the school if/when you no longer receive FS, CalWORKs, KinGAP, or FDPIR benefits.

You may reapply for free or reduced-price meal benefits at any time during the school year. If you are not eligible now, but your income goes down, your family size gets larger, or you begin to receive FS, CalWORKs, KinGAP, or FDPIR benefits, you may submit an application at that time.

**NOTE:** If your child is eligible for FREE and/or REDUCED-PRICE meals, he/she may also be eligible for other school program benefits, such as \_\_\_\_\_.

Please duplicate this eligibility notice if you want to provide copies to the programs in your school/community as needed.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

This institution is an equal opportunity employer.